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APPENDIX  
FORMS FOR USE BY LIBRARIES

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Prescribed by State Board of Accounts

SHEET NO. \_\_\_\_\_

MONTH OF \_\_\_\_\_, 19\_\_\_\_

# LIBRARY

	DATE	WARRANT NUMBER	NAME	NATURE OF RECEIPT OR DISBURSEMENT	TOTAL ALL											
					RECEIVED						DISBURSED					
					A-1						A-2					
1			Total Appropriation for Year		x	x	x				x	x	x			
2			Totals Carried Forward From Line 34 of Preceding Page													
3																

## FINANCIAL AND APPROPRIATION RECORD

FUNDS	LIBRARY OPERATING FUND			LIBRARY OPERATING FUND APPROPRIATIONS				
				PERSONAL SERVICES				
BALANCE	RECEIVED	DISBURSED	BALANCE	SALARY OF LIBRARIAN	SALARY OF ASSISTANTS	SALARY OF TREASURER	WAGES OF JANITORS	(Binding Margin)
A-3	B-1	B-2	B-3					
x x x	x x x	x x x	x x x					

(Columnar Headings for Reverse Side of Library Form No. 1)

SAMPLE

(Binding Margin)	LIBRARY OPERATING FUND APPROPRIATIONS								
	PERSONAL SERVICES		SUPPLIES						
	EMPLOYEE BENEFITS	OTHER PERSONAL SERVICES	OFFICE SUPPLIES	OPERATING SUPPLIES	REPAIR AND MAINTENANCE SUPPLIES	OTHER SUPPLIES	PROFES- SIONAL SERVICES	COMMUNI- CATION AND TRANSPOR- TATION	
									1
									2
									3

(Obverse Side)

SAMPLE

	LIBRARY OPERATING FUND APPROPRIATIONS								(Binding Margin)
	OTHER SERVICES AND CHARGES								
	PRINTING AND ADVERTISING	INSURANCE	UTILITY SERVICES	REPAIR AND MAINTENANCE	RENTALS		DUES, INTEREST AND TAXES		
1									
2									
3									

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1A)

SAMPLE

		CAPITAL OUTLAYS					OTHER				
		LAND, BUILDINGS AND IMPROVE- MENTS	FURNITURE AND EQUIPMENT	BOOKS	PERIODICALS AND NEWSPAPERS	NONPRINT MATERIALS	LOANS	PURCHASE OF INVESTMENTS			
(Binding Margin)											
								x	x	x	1
											2
											3

(Obverse Side)

SAMPLE

	LIBRARY IMPROVEMENT RESERVE FUND				LIBRARY IMPROVEMENT FUND INVESTMENTS			(Binding Margin)
	RECEIVED C-1	DISBURSED C-2	BALANCE C-3	APPROPRI- ATIONS CAPITAL EXPENDI- TURES	PURCHASED	SALES/ MATURITIES	BALANCE	
1	x x x	x x x	x x x		x x x	x x x	x x x	
2								
3								

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1B)

SAMPLE																																
(Binding Margin)	BOND AND INTEREST REDEMPTION FUND																FUND															
	RECEIVED				DISBURSED				BALANCE				APPROP. DEBT SERVICE				RECEIVED				DISBURSED				BALANCE				RECEIVED			
	D-1				D-2				D-3								E-1				E-2				E-3				F-1			
	x	x	x		x	x	x		x	x	x						x	x	x		x	x	x		x	x	x		x	x	x	

SAMPLE																				Library Form No. 1 (1982)	
FUND		PAYROLL DEDUCTIONS																			
		RECEIPTS (DISBURSEMENTS)																			
DISBURSED	BALANCE	FEDERAL WITHHOLD-ING TAX	OASI WITHHELD	STATE WITHHOLD-ING TAX	COUNTY WITHHOLD-ING TAX	PERF WITHHELD	GROUP INSURANCE WITHHELD														
F-2	F-3	G-1	G-2	G-3	G-4	G-5	G-6	G-7	G-8												
x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				

(Column Headings for Obverse Side of Library Form No. 1)

Prescribed by State Board of Accounts

Library Form No. 1C (1982)

SAMPLE

(Binding Margin)	FUND									FUND											
	RECEIVED			DISBURSED			BALANCE			RECEIVED			DISBURSED			BALANCE					
	H-1			H-2			H-3			I-1			I-2			I-3					
		x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	1
																					2
																					3

(Obverse Side)

SAMPLE

	FUND									FUND									(Binding Margin)		
	RECEIVED			DISBURSED			BALANCE			RECEIVED			DISBURSED			BALANCE					
	J-1			J-2			J-3			K-1			K-2			K-3					
1		x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	
2																					
3																					

(Reverse Side)

(Columnar Headings for Insert Sheet - Library Form No. 1C)

Prescribed by State Board of Accounts

Library Form No. 2 (Rev. 1981)

PUBLIC LIBRARY FUND

APPR. NO. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ PUBLIC LIBRARY  
\_\_\_\_\_, IN, \_\_\_\_\_ 19\_\_\_\_  
PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS  
100

\_\_\_\_\_ BANK  
\_\_\_\_\_, INDIANA

FOR \_\_\_\_\_

\_\_\_\_\_  
TREASURER

NON-NEGOTIABLE

SAMPLE



[illegible]

Prescribed by State Board of Accounts

Library Form No. 4 (Rev. 1984)

**ACCOUNTS PAYABLE VOUCHER**

Payee		Purchase Order No. _____	
		Terms _____	
		Date Due _____	
Invoice Date	Invoice Number	DESCRIPTION (or attach invoice(s))	Amount

SAMPLE

I certify that the attached invoice(s) is true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Librarian

VOUCHER NO. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

### Charge These Appropriations

[illegible]

PAYEE

APPROVED \_\_\_\_\_, 19\_\_

In the amount of \$\_\_\_\_\_

SAMPLE

# BOND REGISTER

Purpose of Issue: \_\_\_\_\_

	Series No.	Bond No.	Amount of Bond	DATE DUE			DATE PAID			Amount Paid			Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	Coupon No. ____	
				Mo.	D	Yr.	Mo.	D	Yr.				Due	Due	Due	Due	Due	Due	Due	Due	Due	Due
													19__	19__	19__	19__	19__	19__	19__	19__	19__	19__
1												Am't Comp.										
												Date Paid										
2												Am't Comp.										
												Date Paid										
3												Am't Comp.										
												Date Paid										
4												Am't Comp.										
												Date Paid										
5												Am't Comp.										
												Date Paid										
6												Am't Comp.										
												Date Paid										
7												Am't Comp.										
												Date Paid										
8												Am't Comp.										
												Date Paid										
9												Am't Comp.										
												Date Paid										
10												Am't Comp.										
												Date Paid										
11												Am't Comp.										
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12												Am't Comp.										
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14												Am't Comp.										
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15												Am't Comp.										
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16												Am't Comp.										
												Date Paid										
17												Am't Comp.										
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18												Am't Comp.										
												Date Paid										
19												Am't Comp.										
												Date Paid										
20												Am't Comp.										
												Date Paid										
21												Am't Comp.										
												Date Paid										
22												Am't Comp.										
												Date Paid										
23												Am't Comp.										
												Date Paid										

SAMPLE

# COUNTY, INDIANA

A-18

General Form No. 53 (1955) Form Prescribed by State Board of Accounts

	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	Coupon No. ____ Due 19__	<p style="font-size: small; text-align: center;">In case any bond has more than 20 coupons attached, this space may be cut off, thus forming a short leaf, and coupons spread on next sheet, beginning with Coupon No. 21 and continuing on, until all coupons are recorded.</p> <p style="text-align: center;">MEMORANDUM</p>	
1												1
2											Date of Issue	2
3											Amount of Issue, \$	3
4											Rate of Interest                  payable                  annually	4
5											Bonds and coupons payable at	5
6											Record                  page	6
7											Record                  page	7
8											Premium received, \$	8
9											Accrued Interest received, \$	9
10											Name of Purchaser	10
11												11
12												12
13											Facsimile signatures attached to bonds:	13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22											Attest:                                  Official Title	22
23											Official Title	23

SAMPLE

(Note: See Burns Section 53-202)

No.....

SAMPLE

**Contractor's Combination Bid Bond and  
Bond For Construction  
of**

Filed .....19.....

# PERFORMANCE BOND

---

KNOW ALL MEN BY THESE PRESENTS:      that (Here insert name and address or legal title of Contractor)

as Principal, hereinafter called Contractor, and, (Here insert the legal title and address of Surety)

as Surety, hereinafter called Surety, are held and firmly bound unto (Name and address or legal title of Owner)

as Obligor, hereinafter called Owner, in the amount of

SAMPLE

Dollars (\$                      ),

for the payment whereof Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

## WHEREAS,

Contractor has by written agreement dated                      19      , entered into a contract with Owner for

in accordance with drawings and specifications prepared by (Here insert full name, title and address)

which contract is by reference made a part thereof, and is hereinafter referred to as the Contract.



Whenever Contractor shall be, and declared by Owner to be in default under the Contract, the Owner having performed Owner's obligations thereunder, the Surety may promptly remedy the default, or shall promptly

- 1) Complete the Contract in accordance with its terms and conditions, or
- 2) Obtain a bid or bids for submission to Owner for completing the Contract in accordance with its terms and conditions, and upon determination by Owner and Surety of the lowest responsible bidder, arrange for a contract between such bidder and Owner, and make available as work progresses (even though there should be a default or a succession of defaults under the contract or contracts of completion arranged under this

paragraph) sufficient funds to pay the cost of completion less the balance of the contract price; but not exceeding, including other costs and damages for which the Surety may be liable hereunder, the amount set forth in the first paragraph hereof. The term "balance of the contract price," as used in this paragraph, shall mean the total amount payable by Owner to Contractor under the Contract and any amendments thereto, less the amount properly paid by Owner or Contractor.

Any suit under this bond must be instituted before the expiration of two (2) years from the date on which final payment under the contract falls due.

No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or the heirs, executors, administrators or successors of Owner.

SAMPLE

A.D. 19

IN THE PRESENCE OF:

(Title)

**CONTRACTORS BID FOR PUBLIC WORKS****PART I**(To be completed for all bids)  
(Please type or print)

Date: \_\_\_\_\_

1. Governmental Unit: \_\_\_\_\_
2. County: \_\_\_\_\_
3. Bidder (Firm): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Agent of Bidder (if applicable): \_\_\_\_\_

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of \_\_\_\_\_ (Governmental Unit) in accordance with plans and specifications of said unit for the sum of \_\_\_\_\_ \$ \_\_\_\_\_. The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, submit a proposal for each in accordance with the notice.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract. If the bid is to be awarded on a unit basis, the itemization of units shall be shown on a separate attachment. The Contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

**CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS**  
(If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States. I.C. 5-16-8-2. I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

**NON-COLLUSION AFFIDAVIT**

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to induce anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly any rebate, fee, gift, commission or thing of value on account of such sale.

**OATH AND AFFIRMATION**

I affirm under the penalties of perjury that the foregoing facts and information are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Name of Organization)By: \_\_\_\_\_  
(Title of Person Signing)**ACKNOWLEDGEMENT**

STATE OF INDIANA \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn deposes and says that he is  
\_\_\_\_\_ of the above \_\_\_\_\_ and that the  
(Title) (Name of Corporation)

statements contained in the foregoing bid certification and affidavit are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

My Commission Expired \_\_\_\_\_ Notary Public

County of Residence \_\_\_\_\_



## ACCEPTANCE

The above bid is accepted this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, subject to the following conditions: \_\_\_\_\_

Contracting Authority Members:


## PART II

(Complete sections I, II, III, and IV for all state and local public works projects as required by statutes.)

Governmental Unit: \_\_\_\_\_

Bidder (Firm): \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

## SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed?

Contract Award	Class of Work	When Completed	Name and Address of Owner

2. What public works projects has your organization now in process of construction:

Contract Award	Class of Work	When to be Completed	Name and Address of Owner

3. Have you ever failed to complete any work awarded to you? \_\_\_\_\_. If so, where and why?


4. List references from private firms for which you have performed work.


## SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work.
2. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you expect to require a bond.
3. What equipment do you intend to use for the proposed project?
4. Have you made contracts or received offers for all materials within prices used in preparing your proposal?

## SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

## SECTION IV OATH AND AFFIRMATION

I hereby affirm under the penalties of perjury that the foregoing facts and information contained in the foregoing bid for public works are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Name of Organization)

By: \_\_\_\_\_

\_\_\_\_\_  
(Title of Person Signing)

SAMPLE

## ACKNOWLEDGEMENT

ANA \_\_\_\_\_  
\_\_\_\_\_

)  
) SS  
)

\_\_\_\_\_ being duly sworn, deposes and says that he is  
\_\_\_\_\_ of the above \_\_\_\_\_ and that the  
(Title) (Name of Corporation)

answers to the questions in the foregoing questionnaires and all statements therein contained are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

County of Residence \_\_\_\_\_

PRESCRIBED BY STATE BOARD OF ACCOUNTS		GENERAL FORM NO. 98 (REV. 1967)		
<div>PURCHASE ORDER</div>				
<div>NOTE: NO CLAIM WILL BE APPROVED FOR PAYMENT UNLESS ORIGINAL COPY OF THIS ORDER OR THE P.O. NUMBER IS MADE A PART OF THE CLAIM.</div>		<div>GOVERNMENTAL UNIT</div> <div>ADDRESS</div>		
<div>TO</div> <div>ADDRESS</div> <div>CITY</div> <div>SHIP TO DEPT</div> <div>SHIP VIA</div>		<div>P.O. NO.</div> <div>This no. must be shown on invoice, claim and delivery memos.</div> <div>DATE</div> <div>REQ.</div> <div>IN ACCORDANCE WITH BID AND CONTRACT DATED</div> <div>If subject to discount please indicate on Invoice or Claim.</div>		
CHARGE TO		APPROPRIATION NUMBER		
APPROPRIATION FOR				
QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
This order issued in compliance with CHAPTER 99. ACTS 1945 and Acts amendatory thereof and supplemental thereto.		TOTAL AMOUNT OF ORDER ----- \$		
I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER		BILLING ON THIS ORDER MUST BE ACCORDING TO PRICES SHOWN ABOVE ORDER BY		
		Title		

PAYROLL SCHEDULE AND VOUCHER

(Office, Board, Department or Institution)

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

For Period Beginning \_\_\_\_\_, 19\_\_ and Ending \_\_\_\_\_, 19\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages Fund

	NAME OF EMPLOYEE	Approp No. or Class Title	C o d e	Noncash Benefits	DAYS OR HOURS IN PERIOD						Total Days or Hours To Be Paid	Rate of Pay	Gross Pay	Total	DEDUCTIONS										Amount of Warrant (Gross Pay) Less Deductions)	Warrant Number		
					Worked	Sick Leave	Vacation Leave	Lost Days	Other Leave						Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	Insurance		Retirement						
									C o d e	Days Hours										C o d e	Amount	C o d e	Amount					
1.																												
2.																												
3.																												
4.																												
5.																												
6.																												
7.																												
8.																												
9.																												
10.																												
11.																												
12.																												
13.																												
14.																												
15.																												
16.																												
Totals																												

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

REGULAR TIME AND OVERTIME

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

Official Title



(Unit) \_\_\_\_\_

## EMPLOYEE'S SERVICE RECORD

YEAR \_\_\_\_\_

REMARKS Workweek Begins: Hour of Day _____ ; Day of Week _____														NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)														EMPLOYEE NUMBER							
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)														ADDRESS														ZIP CODE							
Date of Birth:														SOC. SEC. NO.										CLASSIFICATION											
Normal Work Schedule *														OFFICE, BOARD OR DEPT.										BEGIN. DATE EMPL.						LEAVE ACCRUAL DATE					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE												
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION											
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																			
JAN.																																			
FEB.																																			
MAR.																																			
APR.																																			
MAY																																			
JUNE																																			
JULY																																			
AUG.																																			
SEPT.																																			
OCT.																																			
NOV.																																			
DEC.																																			

V - VACATION LEAVE    S - SICK LEAVE    L - LOST TIME    OL - OTHER AUTHORIZED LEAVE    SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

\* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

EMPLOYEE'S EARNINGS RECORD

UNIT _____	BASIS OF PAY (PER MONTH, WEEK, HOUR) _____	MR., MRS., MISS _____
OFFICE, BOARD OR DEPARTMENT _____	OTHER COMPENSATION TYPE _____	ADDRESS _____
(SEE OTHER SIDE FOR INSTRUCTIONS)	AMOUNT _____	CITY _____
EXEMPTION STATUS FEDERAL _____	STATE _____	SOC. SEC. NO. _____
ZIP CODE _____		

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS General Payroll Form 99B (Rev. 1993)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS										AMOUNT OF WARRANT	WARRANT NUMBER
							FEDERAL WITH. TAX	SOCIAL SECURITY	MEDICARE	STATE WITH. TAX	COUNTY WITH. TAX	INSURANCE	RETIREMENT					
	FORWARD																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 1ST QUARTER																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 2ND QUARTER																	
	TOTAL TO DATE																	

SAMPLE

UNIT

**EMPLOYEE'S WEEKLY (WORK PERIOD) EARNINGS RECORD**  
**FEDERAL WAGE AND HOUR REQUIREMENTS**

YEAR \_\_\_\_\_

NAME (Mr./Mrs./Ms.) \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

WORK WEEK BEGINS:

Day of Week \_\_\_\_\_

Time of Day \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

ESTABLISHED WORK PERIOD \_\_\_\_\_

(Police and Fire ONLY)

## CLASSIFICATION

Zip Code

SOC. SEC. NO. \_\_\_\_\_

OFFICE, BOARD OR DEPARTMENT \_\_\_\_\_

BASIS OF PAY: \_\_\_\_\_

[illegible]

**EMPLOYEE'S WEEKLY (WORK PERIOD) EARNINGS RECORD**  
**FEDERAL WAGE AND HOUR REQUIREMENTS**

NAME (Mr./Mrs./Ms.) \_\_\_\_\_

ADDRESS

SOC. SEC. NO. \_\_\_\_\_ Zip Code \_\_\_\_\_

## INSTRUCTIONS

This form is designed to record weekly totals for hours worked, straight time earnings or wages, and overtime excess compensation and the regular hourly rate of pay for the week. A separate sheet shall be used for each employee. One sheet both sides is sufficient for one employee for one full year. This form may also be used for police and fire department employees where an optional work period has been adopted.

[illegible]

Prescribed by State Board of Accounts

General Form No. 99P (Rev. 1987)

..... To.....Dr.  
(Governmental Unit)

.....County, Indiana .....

**PUBLISHER'S CLAIM****LINE COUNT**

Display Master (Must not exceed two actual lines, neither of which shall  
total more than four solid lines of the type in which the body of the  
advertisement is set) -- number of equivalent lines \_ \_ \_ \_

Head -- number of lines \_ \_ \_ \_

Body -- number of lines \_ \_ \_ \_

Tail -- number of lines-- \_ \_ \_ \_

Total number of lines in notice \_ \_ \_ \_

SAMPLE

**COMPUTATION OF CHARGES**

..... lines, ..... columns wide equals ..... equivalent lines at .....

cents per line— \_ \_ \_ \_ \$ .....

Additional charges for notices containing rule or tabular work (50 per cent  
of above amount) \_ \_ \_ \_

Charge for extra proofs of publication (\$1.00 for each proof in excess  
of two) \_ \_ \_ \_

TOTAL AMOUNT OF CLAIM \_ \_ \_ \_ \$ .....

**DATA FOR COMPUTING COST**

Width of single column ems.....ems Size of type.....point.  
Number of insertions..... Size of quad upon which type is cast....

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due,  
after allowing all just credits, and that no part of the same has been paid.

Date ....., 19..... Title.....

**PUBLISHER'S AFFIDAVIT**

State of Indiana )  
) ss:  
.....County )

ATTACH COPY  
OF ADVERTISEMENT  
HERE

Personally appeared before me, a notary public in and for said county and state,  
the undersigned ..... who being duly sworn, says that  
..... he is ..... of the  
..... a ..... newspaper of  
general circulation printed and published in the English language in the (city) (town)  
of ..... in state and county aforesaid, and that  
the printed matter attached hereto is a true copy, which was duly published in said  
paper for ..... times ..... the dates of publication being as follows:

.....

.....  
Notary Public

My commission expires.....

\_\_\_\_ Warrant No. \_\_\_\_\_

IN FAVOR OF

\$ \_\_\_\_\_

ON ACCOUNT OF APPROPRIATION FOR

Appropriation No. \_\_\_\_\_

ALLOWED \_\_\_\_\_ 19\_\_

IN THE SUM OF \$ \_\_\_\_\_

I have examined the within claim and hereby certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently ☐ correct  
☐ incorrect

I certify that the within claim is true and correct; that the services there in itemized and for which charge is made were ordered by me and were necessary to the public business

\_\_\_\_\_, 19\_\_

SAMPLE

LEGAL ADVERTISING

TABLE SHOWING PRICE PER LINE AND PER INSERTION

(Consult Current Table - Subject to Change)

**TO ALL OFFICIALS, EXECUTIVES AND THOSE IN CHARGE:**

Pursuant to Chapter 100, Acts 1943, list below, the name, address, duties and compensation of each officer, employee and agent in your office, department, board, commission or institution, during the month of January, and send this report, properly certified, to the office of the State Examiner, State Board Accounts, 302 West Washington Street, 4th Floor, Room E418, Indianapolis, Indiana, for filing as a public record. The rate and amount of compensation shown for each person should be that payable during the current month (January).

	NAME Officer, Employee or Agent	ADDRESS	DUTIES	COMPENSATION	
				Per*	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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42.					
43.					
44.					

SAMPLE

\*PER -- month, week, day or hour. If employee receives compensation other than cash, attach a separate schedule and indicate nature of same.

45.						
46.						
47.						
48.						
49.						
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51.						
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61.						
62.						
63.						
64.						
65.						

# CERTIFICATE

I, \_\_\_\_\_ hereby certify that the names, addresses, duties and compensation of employees as listed herein are correct and complete and that it includes all employees of the aforesaid office, department, board, commission or institutions, who were employees on this \_\_\_\_\_ day of January, 19\_\_\_\_.

SIGNED: \_\_\_\_\_

BY: \_\_\_\_\_

Title

Prescribed by State Board of Accounts

General Form No. 100-R--(Rev. 1962)

CERTIFIED  
REPORT

OF

**NAMES, ADDRESSES, DUTIES AND COMPENSATION**

OF

## PUBLIC EMPLOYEES

IN THE EMPLOY OF

Office, Department, Board, Bureau, Commission, Institution

OF

Unit

County

JANUARY 19\_\_\_\_

Prepare, make and sign this report during month of January each year and file with the state examiner, State Board of Accounts, 302 West Washington Street, 4th Floor, Room E-418, Indianapolis, Indiana, in compliance with Chapter 100, Acts 1943.



## MILEAGE CLAIM

TO \_\_\_\_\_ DR.

On Account of Appropriation No. \_\_\_\_\_ for \_\_\_\_\_

(Governmental Unit)

(Office, Board, Department or Institution)

[illegible]

## hwy map.

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

Date \_\_\_\_\_

Title
-------

Claim No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

IN FAVOR OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

On Account of Appropriation No. \_\_\_\_\_ for

\_\_\_\_\_  
\_\_\_\_\_

Allowed \_\_\_\_\_, 19\_\_\_\_

in the sum of \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Board or Commission)

FILED

(Official Title)

I have examined the within claim and hereby certify as follows:  
That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority

That it is apparently ☐ correct  
☐ incorrect

\_\_\_\_\_  
Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_

## Name of Unit \_\_\_\_\_

Fund

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

[illegible]

(Investments purchased and then either sold or redeemed in the same calendar

year don't need a calculation because interest earned equals interest received.)

REGISTER OF INSURANCE

UNIT AND DEPT. OR OFFICE \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

	INSURANCE COMPANY	POLICY NO.	RENEWAL OR REPLACEMENT OF POLICY NO.	AMOUNT OF POLICY	TYPE OF COVERAGE	PROPERTY COVERED	EFFECTIVE DATE	TERM	EXPIRATION DATE	FUND(S) FROM WHICH PAID	PREMIUMS					
												1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR
											Amount					
											Date Paid					
											Amount					
											Date Paid					
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SAMPLE

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 352 (REV. 1997)

## RECEIPT

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO. \_\_\_\_\_

FUND \_\_\_\_\_

Payment Type and Amount

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

\_\_\_\_\_, IN \_\_\_\_\_ 19\_\_\_\_

RECEIVED FROM \_\_\_\_\_

\$ \_\_\_\_\_

THE SUM OF \_\_\_\_\_

DOLLARS

ON ACCOUNT OF \_\_\_\_\_

100

AUTHORIZED SIGNATURE \_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 352 (REV. 1997)

## RECEIPT

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO. \_\_\_\_\_

FUND \_\_\_\_\_

Payment Type and Amount

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

\_\_\_\_\_, IN \_\_\_\_\_ 19\_\_\_\_

RECEIVED FROM \_\_\_\_\_

\$ \_\_\_\_\_

THE SUM OF \_\_\_\_\_

DOLLARS

ON ACCOUNT OF \_\_\_\_\_

100

AUTHORIZED SIGNATURE \_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 352 (REV. 1997)

## RECEIPT

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO. \_\_\_\_\_

FUND \_\_\_\_\_

Payment Type and Amount

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

\_\_\_\_\_, IN \_\_\_\_\_ 19\_\_\_\_

RECEIVED FROM \_\_\_\_\_

\$ \_\_\_\_\_

THE SUM OF \_\_\_\_\_

DOLLARS

ON ACCOUNT OF \_\_\_\_\_

100

AUTHORIZED SIGNATURE \_\_\_\_\_

						AMOUNT OF RECEIPT																		
NO. _____						\$																		
FUND		<table border="1"> <tr> <th colspan="6">Payment Type and Amount</th> </tr> <tr> <th>Cash Amount</th> <th>Check/Draft Amount</th> <th>MO Amount</th> <th>Credit Card/ Bank Card Amount</th> <th>EFT Amount</th> <th>Other</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					Payment Type and Amount						Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other						
Payment Type and Amount																								
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other																			
DATE ISSUED																								
ISSUED TO																								
<div> <div>ON ACCOUNT OF</div> <div>100</div> </div>																								
<div> <div>AUTHORIZED SIGNATURE</div> </div>																								

						AMOUNT OF RECEIPT												
NO. _____						<div style="text-align: center;">\$</div>												
FUND _____		<div style="text-align: center;">Payment Type and Amount</div> <table border="1"> <tr> <td>Cash Amount</td> <td>Check/Draft Amount</td> <td>MO Amount</td> <td>Credit Card/ Bank Card Amount</td> <td>EFT Amount</td> <td>Other</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other						
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other													
DATE ISSUED _____																		
ISSUED TO _____																		
ON ACCOUNT OF _____		<div style="text-align: right;">100</div>																
<div style="text-align: center;">AUTHORIZED SIGNATURE _____</div>																		

## ACCOUNTS PAYABLE VOUCHER REGISTER

Governmental Unit

Agency

For Period \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

Prescribed by State Board or Accounts

General Form No. 364 (1997)

NOTES: (1) Use both sides of form if needed. Signatures of governing board should appear only on the final page of each meeting in which accounts payable vouchers are allowed. (2) The Memorandum column is for entering action on accounts payable vouchers if disallowed in whole or in part, if continued to a later meeting of governing board, or for other pertinent information.

[illegible]

\_\_\_\_\_, 19\_\_\_\_

Date this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

	SIGNATURES OF GOVERNING BOARD	



GENERAL FIXED ASSET ACCOUNT GROUP

FUND \_\_\_\_\_

DEPARTMENT OR BUILDING \_\_\_\_\_

	Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Amount Received on Disposal or Trade in	Types of General Fixed Assets					Total Fixed Assets
									Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1														
2														
3														
4														
5														
6														
7														
8														
9														
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SAMPLE

## UNIFORM CONFLICT OF INTEREST DISCLOSURE STATEMENT

## Indiana Code 35-44-1-3

A public servant who knowingly or intentionally has a pecuniary interest in or derives a profit from a contract or purchase connected with an action by the governmental entity served by the public servant commits conflict of interest, a Class D Felony. A public servant has a pecuniary interest in a contract or purchase if the contract or purchase will result or is intended to result in an ascertainable increase in the income or net worth of the public servant or a dependent of the public servant who is under the direct or indirect administrative control of the public servant; or receives a contract or purchase order that is reviewed, approved, or directly or indirectly administered by the public servant. "Dependent" means any of the following: the spouse of a public servant; a child, stepchild, or adoptee (as defined in I.C. 31-3-4-1) of a public servant who is unemancipated and less than eighteen (18) years of age; and any individual more than one-half (½) of whose support is provided during a year by the public servant.

The foregoing consists only of excerpts from I.C. 35-44-1-3. Care should be taken to review I.C. 35-44-1-3 in its entirety.

1. Name and Address of Public Servant Submitting Statement: \_\_\_\_\_

\_\_\_\_\_

2. Title or Position With Governmental Entity: \_\_\_\_\_

3. a. Governmental Entity: \_\_\_\_\_

b. County: \_\_\_\_\_

4. This statement is submitted (check one):

a. \_\_\_\_ as a "single transaction" disclosure statement, as to my financial interest in a specific contract or purchase connected with the governmental entity which I serve, proposed to be made by the governmental entity with or from a particular contractor or vendor; or

b. \_\_\_\_ as an "annual" disclosure statement, as to my financial interest connected with any contracts or purchases of the governmental entity which I serve, which are made on an ongoing basis with or from particular contractors or vendors.

5. Name(s) of Contractor(s) or Vendor(s): \_\_\_\_\_

\_\_\_\_\_

6. Description(s) of Contract(s) or Purchase(s) (Describe the kind of contract involved, and the effective date and term of the contract or purchase if reasonably determinable. Dates required if 4(a) is selected above. If "dependent" is involved, provide dependent's name and relationship):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Description of My Financial Interest** (Describe in what manner the public servant or "dependent" expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contract(s) or purchase(s); if reasonably determinable, state the approximate dollar value of such profit or benefit.):

---



---



---



---



---

(Attach extra pages if additional space is needed)

8. **Approval of Appointing Officer or Body** (To be completed if the public servant was appointed by an elected public servant or the board of trustees of a state-supported college or university):

I (We) being the \_\_\_\_\_ of  
(Title of Officer or Name of Governing Body)

\_\_\_\_\_ and having the power to appoint  
(Name of Governmental Entity)

the above named public servant to the public position to which he or she holds, hereby approve the participation to the appointed disclosing public servant in the above described contract(s) or purchase(s) in which said public servant has a conflict of interest as defined in Indiana Code 35-44-1-3; however, this approval does not waive any objection to any conflict prohibited by statute, rule, or regulation and is not to be construed as a consent to any illegal act.

_____	_____
_____	_____
_____	_____
Elected Official	Office

9. **Effective Dates** (Conflict of interest statements must be submitted to the governmental entity prior to final action on the contract or purchase.):

_____	_____
Date Submitted	Date of Action on Contract or Purchase

10. **Affirmation of Public Servant:** This disclosure was submitted to the governmental entity and accepted by the governmental entity in a public meeting to the governmental entity prior to final action on the contract or purchase. I affirm, under penalty of perjury, the truth and completeness of the statements made above, and that I am the above named public servant.

Signed: \_\_\_\_\_  
(Signature of Public Servant)

Date: \_\_\_\_\_

Within 15 days after final action on the contract or purchase, copies of this statement must be filed with the State Board of Accounts, Indiana Government Center South, 302 West Washington Street, Room E418, Indianapolis, Indiana, 46204-2738 and the Clerk of the Circuit Court of the county in which the governmental entity executed the contract or purchase. A copy of this disclosure will be forwarded to the Indiana State Ethics Commission.

## LETTERHEAD OF GOVERNMENTAL UNIT

State Board of Accounts  
 302 West Washington Street  
 4th Floor, Room E418  
 Indianapolis, Indiana 46204-2765

Re: Form Approvals

The **(NAME OF GOVERNING BODY)** passed the attached resolution concerning usage of forms for the **(NAME OF GOVERNMENTAL UNIT)**.

The **(NAME OF GOVERNING BODY)** is ultimately responsible for all forms and systems to be used. Accordingly, we are requesting to be authorized to use the forms and systems provided (1) for **(NAME OF LIBRARY WHICH FIRST RECEIVED AN APPROVAL)** as these forms were approved by our Office in writing as of **(DATE OF ORIGINAL APPROVAL)**. We will abide by the form approval requirements as stated in the "Accounting and Compliance Guidelines for Libraries" and during audits by the State Board of Accounts.

The **(NAME OF GOVERNING BODY)** will notify you in writing if desiring to discontinue use of the system approved. Any forms that are not in an all inclusive approved package would still need to be approved by your Office. Furthermore, if we desire to use any forms which have changed since the date of original approval above, and those forms have not received a written approval from your Office, we will immediately submit those forms for approval.

We also understand the process of a letter and resolution are not an attempt to provide preferential treatment to any vendor but instead are an effort to expedite the form approval process required by statute and regulation. Finally, we are aware that any system or hardware changes initiated by a vendor and the resultant costs, are vendor, market or consumer demand driven.

\_\_\_\_\_  
**(PRESIDENT OR CHAIRMAN OF THE GOVERNING BODY)**

\_\_\_\_\_  
**(DATE)**

\_\_\_\_\_  
**(CHIEF EXECUTIVE OFFICER)**

\_\_\_\_\_  
**(DATE)**

- (1) The first Library approved would have a period after the word "provided" and the rest of the sentence would be deleted. All other Libraries requesting use of that system should show the information stated after the word "provided."

[GO TO TABLE OF CONTENTS](#)

[GO TO INDEX](#)